

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 2 4 2019

I. Name of Lobbyist(s) Frank Gu	zinta		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnersl	nip, firm or corporation, if a	ny:	
ML Strategies, LLC			
	ship, firm or corporation)		
701 Pennsylvania Ave NW	Washington	DC	20004
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() 202-434-7300	() 202-434-7400	c-muj) fcguinta@	gmistrategies.com
(Telephone)	(Fax)		
III. This statement covers: (Che reportable expense transactions	s which are not attributable i	to any one client).	
All reportable transactions of	curring in the months prior to	the reporting date relative to	the following chem:
KARL STORZ - ENDOSCOPE - Ar			
•	e of Client us it appears on the Lo	bhyist Registration Form)	
OR I All reportable transactions by unrelated to any particular client.		byist's family), or the lobby	ing firm listed below which are
	, 2019 🗹 e of registration to 3/31/19	July 31, 2019 activity from 4/1/19 to 6/30/	
October	30, 2019 7/7/19 so 9/30/19	January 29, 2020 C activity from 10/1/19 to 12/	
V. There have been no fees r If this box is checked, complete ju Concord, NH 03301.	eccived and no reportable ust this form and submit it to the	transactions made since the Secretary of State's Office	e the last report. State House, Room 204,
VJ. Check if additional reports	are attached:	•	
	made expenditures, you must f	ilc Addendum A - Fccs and	Expenses
_ If you have paid an honorarion Expense Reimbursement	am or reimbursed expenses, ye	ou must file Addendum B-1	Report of Honorariums or
If you, your firm, or your far	nily has made political contrib	utions, you must file Adden	dum C- Political Contributions
Sworn Statement/Affirmation of I have Yead RSA 15 RSA 15-B. and complete to the best of my king (Signature of lobbyist)	KSA 14-C and RSA 664 and h	4/22/19	or foregoing information is true Date)
Frank Guinta (Print Name of lobbyist)			



I. Name of Lobbylst(s) Frank Guinta

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

ML Strategies, LLC	
(Name of partnership, firm or corporation)	
III. Name of Client KARL STORZ - ENDOSCOPE - America, Inc.	Date 4/22/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified a to lobbying, including fees for services such as public advocacy, govern including research, monitoring legislation, and related legal work. The reduced by any expenses:	ment relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 5,000.00
b) Total of all fees received this calendar year, prior to this reporting per (This should equal the total of all prior monthly reports for this calendar)	
c) Total of all fees received to date (Add lines a and b)	c) \$ 5,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 5.000.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to fees. Separate reports are to be filed for expenditures made relative to each clobbyist(s)/firm that are unrelated to any one client a separate reperses are to be reported in one of three categories of expenses: (aduring the reporting period for salaries, benefits, support staff, and officindividual expenses where the expenditure was of \$25.00 or less (for extractional expenses where the expenditure was of \$25.00 or less (for extractional expenses of a ceremonial object given to a person being I (c) an itemized statement of each individual expenditure made during this any purpose not covered by (a) (for example: purchase of a meal with ceremonial object to be given to the subject of lobbying with a value prestaurant expenses for a legislative reception). Expenses for honorar contributions will be reported on separate addendums and should not be re-	each client and if expenditures are made be port may be filed for the lobbyist(s)/firm a) the aggregate total of all expenses paintee expenses; (b) the aggregate total of a cample: meals purchased during a business of less than \$10 that ix given to the perso obbied with a value of \$25.00 or less); and a reporting period of greater than \$25.00 for value of greater than \$25, purchase of greater than \$25, but not greater than \$56 itums, expense reimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits support staff, and office expenses, related directly or indirectly to lobbyin 	g. a) \$ 0.00
 b) Total aggregate of expenditures during this reporting period, not reporting, of \$25 or less. 	b) \$ 0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0.00
c) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0.00</u>
f) Total of all expenses year to date	ŋ \$ <u>0.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	s
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Treed Nue	4/22/19
(Signature of lobbyist)	(Date)
Frank Guinta	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: ML Strategies, LLC Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): KARL STORZ - ENDOSCOPE - America, Inc. Date of Report (check one): January 29, 2020 🗆 April 24, 2019 @ July 31, 2019 October 30, 2019 I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Date) Frank Guinte